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	•				
Statement of Organization 7 1	i	Date	Stamp		(A) (A)
Recipient Committee		. Date	stamp	CALIFOR	NIA 410
	RE	CEIVED	AND FILE	FORM	
Not yet qualified	mination – See Part 5 in th	of the State o	Secretary of Sta	for Of	ficial Use Only
or					
O Date qualified as committee Date qualified as committee Date	e of termination	JUL 31	2018	01.11	
				11/12	
1. Committee Information I.D. Number	2. Treasurer and	NA Delivered			Marie Maria Trail, pome as Zeco
(If applicable)	· Z. Heasurer and	Other Princ	par onicer	5	
NAME OF COMMITTEE	NAME OF TREASURER	~	4.659.46.3		Star L. W. Call, Live Villa Control
Council 2018 Sor Linely City	Deborah	Denn	ina		
Council 2016 305 Linein City	STREET ADDRESS (NO P.O. BOX)		. /		2.2
STREET ADDRESS (NO P.O. BOX)	· vill		_	710.000	
	1 incala		MA	OCLUS	AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY		75010	
Lincoln CA 956A	*				
MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)	2	Ť.		
RESS (REQUIRED) / FAX (OPTIONAL)	CITY		STATE	//	П
hess inequined it fax for flower	ii ii		SIAIE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		 	-	
Placer City of Kingdin					
	STREET ADDRESS (NO P.O. BOX)				
, a	W		C		
Attach additional information on appropriately labeled continuation sheets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification					
I have used all reasonable diligence in preparing this statement and to the best of penalty of perjury under the laws of the State of Jalifornia that the foregoing is to	rue and correct.	ation contained	i nerein is tru	e and complete.	certify under
Executed on 7-30-201 By Brak Linning	V				*
DATE	URE OF TREASURER OR ASSISTANT TREAS	URER		····	
Executed on 7-30-20/9 By 12-11/1			*	t)	N w
	ING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONEN	ιτ ·		
Executed on BySIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	E MEASURE PROPONEN	IT		
Executed on By		•			
· · · · · · · · · · · · · · · · · · ·	LING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONE	NT ,		a

Statement of Organization						CALIFO	RNIA A	40
Recipient Committee						FOF	Control of the last of the las	10
INSTRUCTIONS ON REVERSE						age 2		
COMMITTEE NAME						D. NUMBER		
				ĝ.				
				2007 management of surface			distribution of the same of th	
All committees must list the financial institution where the campaign	bank account is	located.						
						2		
NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE		BANK ACCOUN	NT NUMBER				-	
ž								
ADDRESS	CITY		STATE	. ZIP	CODE			
8								
4. Type of Committee Complete the applicable sections:	ARTONIC TRACT	CART STANS	NACK STATE	TO CHIEF		ather 20 to	and the second	Sir Jan Hole
Controlled Committee	The state of the s	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The series of th	er mangres i leave e leave	Total Market Manual Link	Superior of the superior of th	taria nata 300 deserta	aken tagi kali tugariba
- List the ways of each protection office holder condidate or sto	ta maaasiina mu		,		te e tracit			
 List the name of each controlling officeholder, candidate, or sta- district number, if any, and the year of the election. 	te measure pro	ponent. Il candidate	or omcenoider c	ontrolled, a	iso list the ele	ective offic	e sought or h	eld, and
				×				
• List the political party with which each officeholder or candidat	e is affiliated or	check "nonpartisan."	" Stating "No par	ty preferenc	ce" is accepta	ble.		
If this committee acts jointly with another controlled committee	a list the name	and identification n	imhar of the atha	r controllor	l committee			
• If this committee acts jointly with another controlled committee	e, list the name				commutee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INC	ELECTIVE OFFICE SOUGHT OR HELD YEAR OF NCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION			PARTY CHECK ONE			
					Nonpartisan	Partisan	list political part	y below)
)an (Loss	C. 14	ofLincoln	Cour, Ina	120/9/	\bowtie			
					Nonpartisan	Partisan	list political part	y below)
*			•	1				
Primarily Formed Committee Primarily formed to support or	r oppose specifi	c candidates or meas	sures in a single el	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR) OFFICE SOUGHT OR HI DE DISTRICT NO., CITY (N		
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAM	ic.	(INCLU	DE DISTRICT NO., CITY	OR COUNTY, AS	AFFLICABLE		SUPPORT	OPPOSE
:			s.					
							SUPPORT	OPPOSE